

EXHIBIT 2

IN THE UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

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IN RE: NATIONAL PRESCRIPTION MDL No. 2804  
OPIATE LITIGATION

Case No. 17-md-2804

Judge Dan Aaron

This document relates to: Polster

The County of Cuyahoga v. Purdue  
Pharma L.P., et al.  
Case No. 18-OP-45090

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Videotaped deposition of
CYNTHIA G. WEISKITTEL

November 13, 2018

8:59 a.m.

Taken at:

Climaco, Wilcox, Peca & Garofoli
55 Public Square, Suite 1950
Cleveland, Ohio

Renee L. Pellegrino, RPR, CLR

<p style="text-align: right;">Page 66</p> <p>1 that were involved in looking at this issue 2 collectively before 2014? 3 MR. GALLUCCI: Object to form. 4 A. I don't have that information. 5 Q. So you mentioned START, right? 6 START was started in 1997? 7 A. Correct. 8 Q. And that it generated data on a 9 statewide basis, correct? 10 A. It was agency data. SACWIS didn't 11 exist in '97. 12 Q. Are you aware of any analyses of 13 START data before 2014 to look at trends in drug 14 usage overall and the impact on family services? 15 A. As I said, START produced data 16 reports for many years. 17 Q. Do you remember any discussion that 18 went on before 2014 looking at START data to 19 look for trends or issues over time related to 20 drug use? 21 MR. GALLUCCI: Object to form. 22 A. I don't remember a specific 23 conversation. 24 Q. Do you remember that in general? Do 25 you remember that being something that went on</p>	<p style="text-align: right;">Page 68</p> <p>1 fulfill its function, correct? 2 MR. GALLUCCI: Object to form. 3 A. I'm sorry. Say it again. I 4 apologize. 5 Q. Maybe I should break that up. 6 I mean, one of the things that you 7 know happens as a director is you look at 8 whether essentially your group is doing a good 9 job, correct? 10 A. A good job? We're ensuring the 11 safety of children? 12 Q. Yes. 13 A. Yes. 14 Q. And you try to improve the function 15 of your group through seeking additional funding 16 or additional staffing or changing procedures, 17 among other things, correct? 18 A. Yes. 19 Q. And that's part of what your focus 20 has been as director over the last two and a 21 half years, correct? 22 A. Yes. 23 Q. And we'll get to it, but obviously 24 there have been well publicized issues with 25 deaths of children in 2018 that have led to a</p>
<p style="text-align: right;">Page 67</p> <p>1 before 2014? 2 MR. GALLUCI: Object to form. 3 A. The discussion of drugs was always 4 going on. 5 Q. I just want to distinguish because 6 you said in individual cases, for an individual 7 case file with an individual family or client, 8 part of what the caseworkers are always supposed 9 to pay attention to is the impact of drug use on 10 the situation they are in, the needs of the 11 child; is that fair? 12 A. Correct. 13 Q. And that is your goal is to protect 14 the child, correct? 15 A. Our goal it to ensure the safety of 16 children. 17 Q. And part of that analysis, at least 18 as long as you've been with the department, has 19 been to pay attention to drug use on an 20 individual or family-by-family basis, correct? 21 A. One of the factors we look at. 22 Q. And you said that over time there's 23 also been attention to trends in drug use or the 24 collective impact of drugs on the overall 25 caseload or the ability of the department to</p>	<p style="text-align: right;">Page 69</p> <p>1 lot of attention and public statements and 2 changes in policies, correct? 3 MR. GALLUCCI: Object to form. 4 A. Yes. 5 Q. Going back before that, even before 6 the deaths that have been so widely publicized 7 of kids within the system, if you will, your 8 intention as director, and I assume as deputy 9 director, was looking at whether how well the 10 department did in protecting the safety of 11 children could be improved by additional funding 12 or staffing or changes in policies or practices; 13 is that right? 14 MR. GALLUCCI: Object to form. 15 A. We use available data to hit the 16 three points that we're to hit, safety, child 17 well-being and permanency. 18 Q. And so as long as you've been there, 19 you've been tracking through data essentially 20 performance? 21 A. Outcomes for families. 22 Q. Fair enough. 23 Okay. So over time you have used 24 data to track outcomes for families, which is a 25 measure of whether the department is fulfilling</p>

<p style="text-align: right;">Page 110</p> <p>1 opiate abuse, heroin abuse, or do you attribute 2 that to various things? 3 A. I believe opiates are playing a 4 major role, but other things are certainly 5 impacting that. 6 Q. What else is impacting it? 7 A. I think just the overall number of 8 calls being screened in has gone up, which has 9 given us more situations to look at. I think 10 that those things are also impacting kids coming 11 into care. 12 Q. By "those things," you just mean 13 that there are more calls being screened in? 14 A. The percentage of calls being 15 screened in hasn't gone up. It's the sheer 16 number of calls coming in that has caused the 17 increase in calls being screened in. 18 Q. And why do you think the number of 19 calls coming in has gone up? 20 A. I think it's impacted by multiple 21 things, certainly by the times we're living in. 22 Certainly by some of the attention the agency is 23 getting will cause that to happen. Our data 24 will reflect that. 25 Q. I don't know what you mean by "the</p>	<p style="text-align: right;">Page 112</p> <p>1 Q. Can you identify any other factors 2 that you think lead to an increase in the number 3 of calls or increase in the number of children 4 being brought into custody? 5 A. Not at this time. 6 Q. And you said there's not been an 7 analysis done of the reasons for increased 8 calls, correct? 9 A. We've looked at the overall 10 increase. We are starting to look at what kind 11 of calls and that kind of thing, but no analysis 12 has been done. 13 Q. Is there any analysis that's been 14 done of the impact of opioid or opiate abuse by 15 parents on the number of children being brought 16 into custody? 17 A. A specific analysis? 18 Q. Yes. 19 A. No. 20 Q. So we've identified two impressions 21 that you have from reviewing case files as they 22 relate to opiates, heroin and other opiates, one 23 being the number of children being brought into 24 custody, and then another one being your 25 impression that sometimes people start with a</p>
<p style="text-align: right;">Page 111</p> <p>1 times we're living in." Can you just be a 2 little more specific? 3 A. Certainly the use of drugs, 4 specifically opiates in our community, has had 5 an impact on the times that we're living in, the 6 availability of other options for families other 7 than custody of their children. 8 Q. So are there factors, other than the 9 use of heroin and other opiates, that you think 10 leads to an increased number of calls to your 11 department? 12 A. We have not -- we have not done an 13 analysis, but I suspect there could be, yes. 14 Q. Like what? 15 A. Again, some of the attention the 16 agency has received will cause -- our data will 17 reflect that any time the agency has had huge 18 attention from the media, that we will see calls 19 go up. 20 Q. And the attention from the media is, 21 what we were talking about a little bit before, 22 some of the deaths and high-profile cases over 23 the last year or so? Is that what you're 24 talking about? 25 A. Yes.</p>	<p style="text-align: right;">Page 113</p> <p>1 prescription opioid and then they go on to use 2 heroin and other street drugs. 3 Are there other impressions that you 4 have from reviewing case files that you would 5 testify about at trial potentially? 6 A. Not at this time. 7 Q. Now, you said that there's this 8 SACWIS database where data has been entered, and 9 you weren't sure when the data entry started, 10 correct? 11 A. Which data entry? 12 Q. Well, any data entry that your group 13 does. 14 A. We started using SACWIS in December 15 of 2008, if that's what you're asking me. 16 Q. What did you use before SACWIS? 17 A. It was called FACTS. It was a 18 homegrown system we used in Cuyahoga County. 19 Q. Is there something called FACWIS? 20 A. FACWIS is about the forms and the 21 process we use. I don't know much about FACWIS, 22 to be honest with you. 23 Q. And what sort of data analyses are 24 done with the data planted into SACWIS? 25 A. There are state reports that can be</p>

<p style="text-align: right;">Page 254</p> <p>1 A. I don't know.</p> <p>2 Q. I'm sorry?</p> <p>3 A. I don't know.</p> <p>4 Q. You don't know if it was helpful?</p> <p>5 A. I'm not sure that I found it</p> <p>6 helpful.</p> <p>7 Q. So you don't know if it would have</p> <p>8 been helpful to you to have had that white paper</p> <p>9 in hand maybe with, like, the Cuyahoga County</p> <p>10 Opiate Task Force report that we went over right</p> <p>11 before it to try to advocate for policy and</p> <p>12 practice changes or increased funding and</p> <p>13 staffing for your division over the last four</p> <p>14 plus years?</p> <p>15 A. I'm not sure.</p> <p>16 Q. Do you think it's possible that</p> <p>17 having those might have helped the division</p> <p>18 perform its job better, including addressing</p> <p>19 issues relating to heroin addiction and opiate</p> <p>20 abuse?</p> <p>21 MR. CIACCIO: Objection to form.</p> <p>22 A. It might have.</p> <p>23 Q. I'm sorry. I didn't hear your</p> <p>24 answer.</p> <p>25 A. I was waiting for him to speak. I'm</p>	<p style="text-align: right;">Page 256</p> <p>1 a result of the publicized deaths of the child</p> <p>2 Garrett and Rodriguez, correct?</p> <p>3 A. I'm not allowed to talk about the</p> <p>4 cases. The prosecutor has asked us to not speak</p> <p>5 on the cases specifically.</p> <p>6 Q. I didn't ask you about the cases. I</p> <p>7 asked about the policies and practices. They've</p> <p>8 been produced in the litigation. There are</p> <p>9 changes that you're on that changed some</p> <p>10 policies and practices in the last couple of</p> <p>11 months, correct?</p> <p>12 A. There are panel recommendations that</p> <p>13 are being implemented, if that's what you're</p> <p>14 referring to.</p> <p>15 Q. Yes.</p> <p>16 A. Yes, there are panel recommendations</p> <p>17 being implemented.</p> <p>18 Q. And does any of that have to do with</p> <p>19 opioids or opiates?</p> <p>20 A. No.</p> <p>21 Q. So that's why I was setting it</p> <p>22 aside. Does that make sense? I'm asking you</p> <p>23 about, have there been any recommended changes</p> <p>24 to policies or practices at all as a result of</p> <p>25 any of these task force or white papers or</p>
<p style="text-align: right;">Page 255</p> <p>1 sorry.</p> <p>2 It may have helped. I don't know.</p> <p>3 Q. In what areas do you think it may</p> <p>4 have helped?</p> <p>5 A. Possibly in the argument of why we</p> <p>6 would be returning the advocates to the START</p> <p>7 department.</p> <p>8 Q. And are you still advocating in</p> <p>9 budget discussions and internal dealings within</p> <p>10 the department and the county to get that</p> <p>11 funding to add the advocates back?</p> <p>12 A. Yes.</p> <p>13 Q. That's not something you've</p> <p>14 abandoned hope for, correct?</p> <p>15 A. Correct.</p> <p>16 Q. Are there other changes that you</p> <p>17 want to have made, too?</p> <p>18 A. As related to opiates?</p> <p>19 Q. Yes.</p> <p>20 A. Certainly. I would like to see more</p> <p>21 programming where kids could stay with their</p> <p>22 parents. Absolutely.</p> <p>23 Q. And I will set aside for now -- I</p> <p>24 mean, we'll probably have time, but there have</p> <p>25 been changes to policies implemented in 2018 as</p>	<p style="text-align: right;">Page 257</p> <p>1 analyses of the impact of heroin abuse or opioid</p> <p>2 abuse on child welfare and the department of</p> <p>3 child and family services?</p> <p>4 A. Policy changes?</p> <p>5 Q. Yes.</p> <p>6 A. Not that I'm aware of.</p> <p>7 Q. Or changes in practices at all?</p> <p>8 A. Not that I'm aware of.</p> <p>9 Q. Any written guidances that you're</p> <p>10 aware of, any written documents you're aware of</p> <p>11 that advocate any kind of change to how the</p> <p>12 division does its business as a result of any of</p> <p>13 these documents?</p> <p>14 A. Not that I'm aware.</p> <p>15 Q. Just so it's clear, I'm not asking</p> <p>16 you about what actually happened in the cases</p> <p>17 that are in criminal prosecution, I guess, or</p> <p>18 have other legal proceedings with the deaths in</p> <p>19 2018, but none of those had to do with opiates</p> <p>20 or prescription opioids, correct?</p> <p>21 MR. CIACCIO: Again, I think she</p> <p>22 answered before that she can't speak to anything</p> <p>23 that has anything to do with the specific cases.</p> <p>24 MR. ALEXANDER: I think she can</p> <p>25 answer that question because I'm not asking what</p>

<p style="text-align: right;">Page 258</p> <p>1 they actually involved. Just so it's clear -- 2 and maybe you can enter a stipulation for 3 Plaintiffs. We're not going to hear something 4 like at trial where somebody says, oh, yeah, 5 those cases involved, you know, prescription 6 opioids and that was part of the case. Either 7 we get to ask questions about it or we get some 8 sort of stipulation that it won't be raised 9 later. You can't have a sword and a shield. 10 MR. CIACCIO: I'm not stipulating to 11 anything. I understand your position. 12 Q. Go ahead and answer the question, 13 please, ma'am. 14 MR. CIACCIO: Okay. Go ahead. 15 A. As far as I know, the prosecutions 16 do not involve that piece of the work. 17 Q. I'm sorry. You said "the 18 prosecutions"? 19 A. The cases that are being prosecuted, 20 as far as I know, do not include a discussion 21 about opiates. I don't have all the details of 22 the cases so I don't have any way of giving you 23 a hundred percent guarantee on that. 24 Q. And you're not aware of cases where 25 there was a death of a child who was already</p>	<p style="text-align: right;">Page 260</p> <p>1 Q. Would that just be in the individual 2 case files? 3 A. Yes. 4 Q. Would it be anywhere else? 5 A. I don't think so. 6 Q. So like -- first of all, do you know 7 how many deaths there are like this for any time 8 period? 9 A. I don't. 10 MR. CIACCIO: Objection to form. 11 Q. And if we wanted to figure out for 12 any of these individual cases if the death was 13 attributable to overdose or accidental use, 14 presumably not intentional use but accidental 15 use, of any particular drug, that detail might 16 be in the individual case file, correct? 17 A. Yes. 18 Q. And so, like, if a child encountered 19 fentanyl or the child somehow swallowed heroin 20 as opposed to taking a prescription opioid that 21 was prescribed to their parent, let's say, we 22 could look and see if that information is in the 23 case file, correct? 24 A. Yes. 25 Q. There would be no other way to get</p>
<p style="text-align: right;">Page 259</p> <p>1 part of the system for your case -- I'm not 2 asking about those two -- I'm asking in 3 general -- who was already part of your 4 division's clients where there was a death that 5 has been attributed to the use of a prescription 6 opioid? 7 MR. CIACCIO: You're just asking 8 generally if she's aware? 9 MR. ALEXANDER: Yes. 10 MR. CIACCIO: Just without the names 11 of any individuals, you can answer the question. 12 A. We have had cases where children 13 have died from drug overdoses, but I am not 14 aware if it was prescription or illegal drugs. 15 Q. Is that documented somewhere in 16 writing? 17 A. Is it documented somewhere in 18 writing, the overdose? 19 Q. The way that you're aware of it, 20 that they died as a result of some overdose, the 21 children who are clients of your division, yes. 22 MR. CIACCIO: Objection to form. 23 A. Do I believe we have it in writing? 24 Q. Yes. 25 A. Yes.</p>	<p style="text-align: right;">Page 261</p> <p>1 that, correct? 2 A. As far as I know, there is no other 3 way to get that information. 4 Q. Is there some way to identify those 5 case files? 6 A. I don't have names, if that's what 7 you're asking me. 8 Q. I wasn't asking for anybody's name. 9 A. I know you're not asking me to name 10 somebody, but I don't know the names of the 11 children so I wouldn't know how to find the case 12 file. 13 Q. Okay. All right. 14 So other than your recollection that 15 there have been some deaths and they may have 16 had to do with some drug, which may or may not 17 have been a prescription opioid, there's no way 18 that you're aware of to find these files, to 19 kind of do a little bit of fact checking to 20 figure out what the circumstances were, what 21 information exists on what drug was involved or 22 drugs were involved; is that correct? 23 MR. CIACCIO: Objection to form. 24 A. As far as -- as far as I know, we -- 25 I do not -- I wouldn't know how to go about</p>

<p style="text-align: right;">Page 338</p> <p>1 THE WITNESS: 928 is my end. 2 Q. Can you go back to 20, please? I 3 think on 20 you had a combined exhibit. 4 A. Oh, okay. Sure. 5 MR. CIACCIO: 683 you're asking 6 about now? 7 MR. ALEXANDER: Yes. My apologies. 8 THE WITNESS: 683? 9 MR. CIACCIO: Yes. It's like the 10 second to last page. 11 THE WITNESS: I gotcha. 12 Q. We get these e-mails that kind of 13 interject and diverge, if you will, these 14 chains. And so this is a response back to Mary 15 Louise Madigan after Deonna and you spoke 16 apparently. 17 Do you remember that discussion? 18 A. Yes. 19 Q. Was that an in-person discussion or 20 an e-mail exchange? 21 A. She sits right next door. I suspect 22 in person. 23 Q. Okay. So we saw that she sent you 24 an e-mail, at some point you spoke, and then you 25 had her send a response, correct?</p>	<p style="text-align: right;">Page 340</p> <p>1 Ideas. 2 Q. Is that one where you, like, gave a 3 recorded statement or a written statement? 4 A. No. I was interviewed. I didn't 5 give a recorded statement. 6 Q. The next bullet says, "We are not 7 asking for additional money." 8 Do you know what's up with that 9 statement? You were asking for additional money 10 throughout this period of time. 11 A. Well, in May of '17 specifically, we 12 weren't asking for additional money due to the 13 increase in custodies; we were trying to watch 14 our numbers and caseloads, as it says, and 15 dealing with staff and budget resources as we 16 have. 17 Q. But we saw back in January of 2017 18 you were asking for additional funding. 19 A. There was a memo Tammy wrote asking 20 for additional money. It not necessarily went 21 all the way downtown. It was us putting 22 documentation together as budget requests came 23 up. 24 Q. Did somebody put the brakes on that 25 request?</p>
<p style="text-align: right;">Page 339</p> <p>1 A. Typically we talk and then she sends 2 an e-mail, correct. 3 Q. And was the expectation that 4 eventually this information would be relayed to 5 the media? Remember this started with the 6 Cleveland.com inquiry from Karen Farkas. 7 A. Yes. This would have been what we 8 would have prepared to send out after -- back to 9 the media. 10 Q. It includes some of the same stuff 11 we talked about. It says, "Seeing an increase 12 in opiate cases and custodies but not to the 13 same degree as other counties. Opiates are part 14 of the reason but not the only reason." 15 You stand by both of those 16 statements, correct? 17 A. I do. 18 Q. And it says in parentheses there, 19 "This is what Cindy has said on Sound of Ideas 20 yesterday." 21 Do you recall what that is? 22 A. The Ideas is the program I told you 23 about on public television. 24 Q. Sound of Ideas? 25 A. They must call it the Sound of</p>	<p style="text-align: right;">Page 341</p> <p>1 A. No. We often write memos in 2 preparation to request money. We're in the 3 process of doing that now. 4 Q. It says, "We're in need of more 5 foster homes due to the increased need." I 6 assume that's need for various reasons, not just 7 because of drug use, correct? 8 A. Right. And as it says, not only for 9 our county, but other counties. So we're 10 competing with other counties for available 11 resources. Franklin County pays almost twice 12 what we pay for foster care. So if you're a 13 Franklin County foster parent, you wait for a 14 Franklin County kid because you make more -- you 15 get more compensation. So we're competing with 16 other counties who also are seeing an increase 17 in opiate use in their counties. 18 Q. Okay. And have you gotten more 19 foster homes since this time period? 20 A. We continue to work to increase our 21 foster homes. We are very limited on foster 22 care placements. We are actually putting more 23 kids in kin placement. 24 Q. So that's with a relative? 25 A. I'm sorry. Yes. The law is very</p>

<p style="text-align: right;">Page 346</p> <p>1 grown over the last five or ten years. 2 Do you see that? 3 A. Yes. 4 Q. And that's kind of right up your 5 alley about a topic, right, foster care costs? 6 A. Yep. 7 Q. And Maggie Keenan, what was her 8 position in March of 2018? 9 A. Office of business management. 10 Q. She responded, "No, we haven't seen 11 an increase. We have had an increase in 12 out-of-home placements, but based on drug test 13 results, it's not necessarily attributed to 14 opiates." 15 Do you see that? 16 A. Yes. 17 Q. Do you agree with that? 18 A. Well, I agree with my statement 19 where I say to Walter I don't know how she knows 20 the answer to that question. 21 Q. It says, "Despite the increase in 22 placements, costs have been flat or gone down." 23 Do you agree with the statement 24 about costs? 25 A. Yes, because we've increased kinship</p>	<p style="text-align: right;">Page 348</p> <p>1 you read the paragraph above it, I am talking 2 about there is an increase in board and care 3 dollars, they're being offset by kin placements, 4 and that we should look at those costs on top of 5 board and care costs. The costs on top will 6 give us a different picture of placement costs. 7 I think what this should say is we have seen an 8 increase in opiates. Can I attribute it totally 9 to that, the reason kids are coming into care, 10 no. So I don't think it's well written. 11 Q. Okay. So when you say, "Can I 12 attribute that as to why kids are coming into 13 care, no," you mean to say -- 14 A. Can I totally attribute it to 15 opiates, no, is what I'm saying. 16 Q. And can you -- are you in a position 17 to attribute some portion of that to opiates in 18 some sort of reasonable way, it's 5 percent 19 related, 8 percent related, 10 percent related? 20 A. I can't give you a specific. 21 Q. Is there any analysis that looks at 22 that issue that you're aware of? 23 A. As I told you, we're starting to dig 24 into the drug of choice conversation from 25 earlier this year.</p>
<p style="text-align: right;">Page 347</p> <p>1 placements. 2 Q. So you said how would she know this, 3 because she would need drug test results to know 4 if there's an increase related to opiates, 5 correct? 6 A. Yes. 7 Q. And it says, "The costs on top of 8 our board and care would give us a different 9 picture of the total costs of placements. We 10 have seen an increase in opiates. Can I 11 attribute that as to why kids are coming into 12 care? No." 13 Did I read that right, the first 14 sentence of the fifth paragraph in the first 15 e-mail? 16 A. Yes. And then it goes on to say all 17 the clients in drug courts are opiate clients. 18 Q. What do you mean by "We have seen an 19 increase in opiates. Can I attribute that as to 20 why kids are coming into care, no"? 21 A. So I think what I'm saying -- we 22 have seen an increase in opiates, can I 23 attribute this to why kids are coming into care 24 -- I can tell you all of our clients, this is a 25 complete turnaround -- I'm sorry. I -- so if</p>	<p style="text-align: right;">Page 349</p> <p>1 Q. Right. That's where we're going to 2 go. The next paragraph here says, "I would love 3 to be able to dig into more things like LOS 4 comparisons - are we running out of homes 5 because kids are staying longer because they 6 can't return to their drug-involved parent?" 7 And a series of questions. 8 Have you done anything since March 9 of this year, since this e-mail to Walter P, to 10 have analyses like that done? 11 A. We have started to look at length of 12 stay for children -- that's what LOS refers 13 to -- and are trying to figure out what is 14 impacting length of stay, is that why the -- is 15 that why we have more kids in care. 16 So one of the things I would also 17 say to you, although this would have been early 18 on for this discussion -- actually, this is 19 right before the fatality. The other thing our 20 data will tell you is that when the agency 21 receives a lot of attention due to a child 22 welfare death, not only will our custody numbers 23 go up, but some of that reason the custody 24 numbers go up is because kids aren't going out 25 of the system.</p>

<p style="text-align: right;">Page 350</p> <p>1 Do you understand what I'm saying?</p> <p>2 Q. No.</p> <p>3 A. So it's not just kids coming in.</p> <p>4 The kids that should be going home aren't going</p> <p>5 home. The county will stop. The system will</p> <p>6 stop. Fear of sending another kid home</p> <p>7 impacting will cause staff to stop. This</p> <p>8 happened prior to that happening. I'm just</p> <p>9 putting it out there, that our current length of</p> <p>10 stay may have something to do with that. We</p> <p>11 have started looking at length of stay numbers,</p> <p>12 yes, we have. We are -- why are PPLAs going up.</p> <p>13 It's a type of custody. Yes, we've started to</p> <p>14 dig into that.</p> <p>15 Q. Are there any reports or analyses</p> <p>16 that have been finalized yet that look at the</p> <p>17 impact --</p> <p>18 A. No.</p> <p>19 Q. -- of opiates or opioids on length</p> <p>20 of stay or other metrics that might show the</p> <p>21 burden on the child protective services?</p> <p>22 A. Not as of yet.</p> <p>23 MR. ALEXANDER: Do you want to break</p> <p>24 now or do you want to do one more document?</p> <p>25 THE WITNESS: No. We can take a</p>	<p style="text-align: right;">Page 352</p> <p>1 state our reservation on behalf of my client to</p> <p>2 seek additional documents and continue the</p> <p>3 deposition upon the production of additional</p> <p>4 documents. We obviously are going to use up our</p> <p>5 time and do the most we can subject to that</p> <p>6 reservation.</p> <p>7 And I don't know if any of the other</p> <p>8 Defendants want to join in that at this time,</p> <p>9 but I did want to state that now before we kind</p> <p>10 of have the final push to finish up.</p> <p>11 MR. SAROKHANIAN: We join in the</p> <p>12 same reservation.</p> <p>13 MS. FRANKLIN: We join in the same</p> <p>14 reservation.</p> <p>15 MR. HAWKINS: We join in the same</p> <p>16 reservation.</p> <p>17 MR. ZIPP: We join in the same</p> <p>18 reservation.</p> <p>19 MR. CIACCIO: I'll just say whatever</p> <p>20 discovery you believe is outstanding, just</p> <p>21 follow up in writing. I'm not specifically</p> <p>22 aware of anything that we've failed to produce,</p> <p>23 but, you know, we can take it up after the</p> <p>24 deposition, like you said.</p> <p>25 MR. ALEXANDER: Yeah. And, you</p>
<p style="text-align: right;">Page 351</p> <p>1 break.</p> <p>2 THE VIDEOGRAPHER: Off the record,</p> <p>3 3:50.</p> <p>4 (Recess had.)</p> <p>5 THE VIDEOGRAPHER: On the record,</p> <p>6 4:08.</p> <p>7 BY MR. ALEXANDER:</p> <p>8 Q. Ms. Weiskittel, is there any of your</p> <p>9 testimony thus far you need to change or</p> <p>10 supplement in any way?</p> <p>11 A. I don't believe so.</p> <p>12 MR. ALEXANDER: That may have been</p> <p>13 our last break before we're done today, so I'm</p> <p>14 just going to state for the record a reservation</p> <p>15 that we have in case we're rushing to be running</p> <p>16 to airports or whatever or have some issue at</p> <p>17 the end.</p> <p>18 I think it's been apparent that</p> <p>19 there are a number of documents that have been</p> <p>20 identified, specific and categories of</p> <p>21 documents, that have not been produced, or there</p> <p>22 are improper claims of withholding on the basis</p> <p>23 of privilege. We'll have to follow up on that</p> <p>24 later, in addition to other issues that may be</p> <p>25 brought up in the transcript. So I just want to</p>	<p style="text-align: right;">Page 353</p> <p>1 know, there also was during the first hour when</p> <p>2 I don't think you were in the room, so obviously</p> <p>3 we will follow up by letter, and with the</p> <p>4 transcript and all of that, following the</p> <p>5 appropriate procedures that the Court has</p> <p>6 outlined, but I do want to make sure that we</p> <p>7 have this reservation on the record here.</p> <p>8 BY MR. ALEXANDER:</p> <p>9 Q. With that, back to the exciting</p> <p>10 questioning, the final push, Ms. Weiskittel.</p> <p>11 The analyses that we talked about in</p> <p>12 the last document that are -- were begun</p> <p>13 sometime this spring, do you have an idea of</p> <p>14 when those might be concluded?</p> <p>15 A. No.</p> <p>16 Q. Are there any ongoing analyses that</p> <p>17 you're aware of or evaluations that you're aware</p> <p>18 of to try to figure out the financial impact on</p> <p>19 your division of anything relating to heroin,</p> <p>20 opiates or specifically prescription opioid use?</p> <p>21 A. Well, as I've shared, we are looking</p> <p>22 at certain data not specifically for those</p> <p>23 reasons, so I don't know if those will be some</p> <p>24 of the contributing reasons.</p> <p>25 Q. And let me just be clear. We talked</p>

<p style="text-align: right;">Page 362</p> <p>1 make sure that the information in the system was 2 as accurate as possible. 3 Q. Have you done some sort of check to 4 see if the additional data that got entered as 5 part of the caseworker blitz was biased in some 6 way, in any direction? It could have 7 underestimated opiates or overestimated opiates. 8 A. No, we did not. 9 Q. Would that be concerning to you if 10 there was some sort of bias in either direction? 11 A. Well, for me, at the time we were 12 doing the blitz, there was no lawsuit, so no 13 staff would have been motivated by a lawsuit to 14 biasly report overuse as part of a lawsuit. 15 Many staff with the agency still don't know 16 there's a lawsuit going on. So I think it's a 17 huge jump to say people are biased because they 18 think it's a good thing that we report opiates, 19 from my opinion. 20 Q. I didn't ask you about bias because 21 of the lawsuit. I just asked about bias that 22 leads to the data being skewed in one direction 23 or another. Is there some reason why you think 24 that the bias could have related to the lawsuit 25 or pending litigation?</p>	<p style="text-align: right;">Page 364</p> <p>1 relayed by any manufacturer or distributor or 2 pharmacy in Cuyahoga County at any time? 3 A. I don't understand the question. 4 Q. So we talked about how you thought 5 that this was a case against drug manufacturers, 6 and I asked you about other people, like 7 pharmacies and distributors of pharmaceuticals. 8 Do you remember that question up front? 9 A. Yes. 10 Q. Now, are you aware of anything that 11 any of those entities ever said about a 12 prescription opioid that was inaccurate in any 13 way, about risks, benefits, addiction potential, 14 efficacy, anything? 15 A. I have no idea. 16 Q. And are you aware of any practices 17 from any of the distributors in particular that 18 were insufficient in any way and played any role 19 in contributing to any of the problems that you 20 saw in your patient population? 21 A. I have no idea. 22 Q. For SACWIS, do you know if it's 23 overwritten or if there's sequential -- if it's, 24 like, sequentially saved so you can see what 25 edits somebody made at any point in time?</p>
<p style="text-align: right;">Page 363</p> <p>1 A. I would say I would totally think it 2 doesn't relate to the lawsuit. 3 Q. All right. So if we wanted to see 4 if the additional data that got added to the 5 SACWIS because of the caseworker blitz was 6 accurate or skewed in any direction, to do that 7 kind of analysis we would need to have access to 8 the case files, to look at them, to look at the 9 data in them? 10 A. We -- that is one way. I mean, I 11 think the other thing is our PEI people could 12 randomly pull some and look at them, if that's 13 what -- I'm not sure we'd give you access to 14 personal information of families. We would have 15 to redact all the information. 16 Q. And what would the PEI people 17 evaluate? 18 A. Exactly what you're asking. They 19 could look at the record and see if it matched 20 what was in SACWIS. 21 Q. Have you ordered an analysis like 22 that? 23 A. I have not. 24 Q. Are you aware of any information 25 about prescription opioids that was inaccurately</p>	<p style="text-align: right;">Page 365</p> <p>1 A. It is sequentially saved. You know 2 when notes are put in the system. So the note 3 is dated, but it also tells you the date it was 4 put in. 5 Q. So for, like, the caseworker blitz, 6 of updating the drug information, drug of choice 7 information, we could see who added that and 8 when if we had access to SACWIS? 9 A. Yes. 10 - - - - - 11 (Thereupon, Deposition Exhibit 23, 12 E-Mail String with Attachment 13 Beginning Bates Number 14 CUYAH_002466134, was marked for 15 purposes of identification.) 16 - - - - - 17 Q. Exhibit -- Exhibit 23, 18 Ms. Weiskittel, is a document starting with 19 Bates number CUYAH_002466134, and that goes 20 until 139, and then there's a document attached 21 to that, which is the natively -- native file 22 document that doesn't have a Bates number on it, 23 if that makes sense, so all of this together is 24 Exhibit 23. 25 So, to orient, you mentioned earlier</p>

<p style="text-align: right;">Page 366</p> <p>1 that there was a panel that produced 2 recommendations this year -- 3 A. Yes. 4 Q. -- for your division, correct? 5 A. Yes. 6 Q. And what was the name of the panel? 7 A. I'm sorry. I'm not trying to be 8 funny. I think we just call it the panel 9 recommendations. 10 Q. If you look at the attachment, 11 there's something called "Cuyahoga County 12 Independent Child Welfare Panel Report, June 13 28th, 2018," and then it lists the panel 14 members. 15 A. Yes, it does. 16 Q. Are we talking about the same thing; 17 that's the panel? 18 A. Yes, we are. Sorry. 19 Q. And the mandate of the panel as 20 listed on -- it's numbered page 2, but it's 21 actually page 3 of the attachment, because it 22 starts on page number zero for some reason, 23 says -- their mandate was "All child deaths in 24 Cuyahoga County are reviewed by the Cuyahoga 25 County Child Fatality Review Board. There are</p>	<p style="text-align: right;">Page 368</p> <p>1 your job? 2 A. So Jennifer works directly for 3 Walter, and so she does work in different 4 departments based on what Walter is looking for. 5 Q. And so she sent a proposed response 6 to you within a day of when they issued their 7 report? 8 A. Are you referring to the child -- 9 the response list? That didn't come from Jen. 10 Q. So the attachment of child welfare 11 panel recommendations response list, who 12 generated that document? 13 A. I'm sorry. Which document are you 14 looking at? I apologize. I'm getting confused. 15 Q. The start of Exhibit 23 is an e-mail 16 where Jennifer Croessmann e-mailed you and then 17 you forwarded it to Tamara Chapman-Wagner, Chris 18 Cabot -- 19 A. I apologize. I was wrong. Jen was 20 the -- Jen did send this information. I 21 apologize. 22 Q. Okay. So a day after the report, 23 this special projects coordinator from the 24 office of the director sends back a response 25 list to you and you forward it to essentially</p>
<p style="text-align: right;">Page 367</p> <p>1 internal reviews within Cuyahoga County DCFS for 2 all child deaths with involvement by DCFS. The 3 State Department of Jobs and Family Services 4 conducts independent reviews of certain child 5 fatalities with involvement by DCFS, and are 6 reviewed by -- and are reviewing this case." 7 Then it goes on to talk about essentially what 8 the panel did, how it relates to prior deaths in 9 the system, the findings relating to the 10 individual deaths, and then a series of 11 recommendations. 12 Is that a fair summary of that? 13 A. Yes. 14 Q. And in the e-mails that we have 15 before that, there's essentially a response 16 from, I guess, a day later relating to 17 individual recommendations, correct? 18 A. Yes. 19 Q. And the proposed response starts 20 with Jennifer Croessmann of the special -- who 21 is a special projects coordinator, office of the 22 director, within the department of health and 23 human services? 24 A. Yes. 25 Q. And how does that position relate to</p>	<p style="text-align: right;">Page 369</p> <p>1 three of your staff to help respond, correct? 2 A. Yes. 3 Q. The caseload projections on the 4 first part of this list, FTE projections, the 5 first one says, "ES." What is that? 6 A. Extended services. 7 Q. And it says caseloads of 9.5. Is 8 that the actual current calculation? 9 A. No. Those are caseloads we're 10 attempting to get to. 11 Q. And that's the one where you said 12 it's currently 17? 13 A. 14. 14 Q. Okay. And the one below that, STS, 15 what is that? 16 A. Short-term services. 17 Q. And what's the current caseload? 18 A. They're 17-ish. 19 Q. And they want it to get down to 14? 20 A. No. We would like to get them to 21 12. 22 Q. Why does it say caseloads of 14 here 23 then? 24 A. Caseloads of 14 new assignments 25 based on their 1,250 investigations. What that</p>

<p style="text-align: right;">Page 370</p> <p>1 is saying to you is that's their new 2 assignments. Those are investigations. 3 Short-term services also carry a few family 4 cases, which makes up the other three or so 5 cases per worker. Short-term services is not 6 just investigations. 7 Q. Okay. So these projections on 8 caseloads and the targets that you've talked 9 about, this is a general functioning of the 10 department, not specific to opioids or opiates 11 and not specific to these panel recommendations, 12 correct? 13 A. Yes. 14 Q. At the end of this there's a part 15 where it says, "Restore START model." Do you 16 see that? And it says there's going to be a 17 2018-19 budget request. This is with the Bates 18 ending in 37. Do you see that? 19 A. Yes. 20 Q. And is that the plan, as far as you 21 know, is that the next budget request will ask 22 you -- ask to finally get the money you've been 23 asking for all along to restart the START 24 staffing at the levels that you wanted? 25 MR. CIACCIO: Objection to form.</p>	<p style="text-align: right;">Page 372</p> <p>1 function of the agency. I would say that it 2 wasn't strictly the deaths that would bring the 3 advocates back. The deaths had to nothing do 4 with the lack of advocates. 5 Q. There was nothing in the panel's 6 analysis that said that this is needed to 7 address the opioid crisis, correct? 8 A. The panel recommendation I believe 9 says that they believe -- if you look at it -- 10 we'll read what it says. It says on page 20, 11 number 7, "The DCFS system will benefit from 12 other programs and supports, fully restore the 13 START model for substance abuse cases by adding 14 advocate positions." So these are other 15 recommendations the panel made that did not have 16 specifically to do with the death of the child. 17 Q. Is there anything in here that says 18 this is because of some trend with opioid or 19 opiate use? 20 A. They don't address the specifics of 21 opiate use. 22 Q. Have you had any interaction with 23 the panel or anybody over these last couple of 24 months since this was going on that the funding 25 is finally going to come in to increase the</p>
<p style="text-align: right;">Page 371</p> <p>1 A. The panel recommendations included 2 restoring the advocates. We were told that all 3 of the panel recommendations would be followed, 4 so yes, we believe that we will receive our 5 advocates. 6 Q. And, in fact, more than you asked 7 for before. Now you're going to ask for 26 8 advocates. Do you see that on the next page? 9 A. Yeah. So then we would be back to a 10 one-to-one ratio. 11 Q. And so this discussion in the 12 section about the effect of opiates and the 13 increase in drug-exposed infants over the past 14 four years, that's not part of why you're 15 actually going to get the increased funding, 16 though, is it? 17 A. I'm sorry. Say it again. 18 Q. The increased funding for START 19 that's finally going to come through isn't 20 because of anything about opiate increases, it's 21 because of the attention paid to the deaths, 22 correct? 23 MR. CIACCIO: Objection to form. 24 A. The panel recommendations looked 25 at -- they looked at the death, but also the</p>	<p style="text-align: right;">Page 373</p> <p>1 START staffing because of anything about opiates 2 as opposed to the general attention? 3 A. I've had no conversation of that 4 kind. 5 Q. And what's your take, that this is 6 because of increased attention and negative 7 press that you're finally going to get the 8 budget to increase the staffing to what you 9 wanted, or do you think this has to do somehow 10 with opioids or opiates? 11 A. I don't know what the panel was 12 thinking. 13 Q. So the discussion on the e-mail, 14 going back to the very beginning of this, from 15 Tammy Chapman-Wagner -- this is just a little 16 over four months ago -- says, starting with the 17 second part -- second paragraph, "We really 18 struggled with the staffing recommendations. As 19 you will see we have scaled them way back. We 20 would like to say that our 2018 asks with an 21 opportunity to revisit staffing levels end of 22 year. This will give us a better measurement of 23 volume and impact with the staff we do hire. 24 Knowing how long it would take to" -- to 25 higher -- h-i-g-h-e-r it says -- "knowing even</p>